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ABSTRACT

Three case studies of young Japanese adults who fell ill with Minamata disease (a form of methyl-mercury poisoning) are presented and the adjustment of the individuals to the disease is analyzed in terms of a model of creativity. The model distinguishes three types of creativity: identificational (in which one identifies with old ideas and emphasizes continuity); confrontational-integrative (in which one emphasizes contrasts and distinctions between old and new); and nonconfrontational fusionist (in which one attempts to bring together different ideas within the same system). In all three cases the individuals creatively gave meaning to their disease in restructured relationships both locally and globally. (DB)

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ABSTRACT

New lives: Some Case Studies in Minamata

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I was engaged in a field work on the social consequences of mercury pollution in Minamata from 1976 through 1983. I have collected about thirty personal histories, mostly of the patients of Minamata disease. In Minamata, the calamity itself was hitherto unknown; medical science has not yet discovered the way to cure the disease. The patients, in order to overcome their predicaments, had to be creative in their ways of life.

I shall select three cases: one female and two male patients, they fell sick in their twenties; to analyse how sickness changed the later courses of their lives, and how their suffering from the disease affected their ways of thinking and acting.

In my analysis, I shall use the types of creativity, as developed in my paper, "Forms of Creativity"(1985). In that paper three forms of creativity are distinguished: identificational, non-confrontational fusionist, and controntational-integrative. Each stands for a different concept of social change: the first for social change as return to the idealized past; the second for social change as healing or rehabilitation; the third represents social change as renovation.

Paradoxically, from among those most seriously victimized by rapid and reckless industrialization, there seems to be emerging new ways of thinking and acting that might contribute to rectify the negative consequences of industrialization that have injured their lives.

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New Lives: Some Case Studies in Minamata*

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1. Introduction

I was engaged in a field work on the social consequences of mercury pollution in Minamata, conducted from 1976 through 1983. About thirty personal histories, mostly of the patients of Minamata disease, have been collected. The present paper is not following the life-course method, but rather based upon the life-history material in its classical sense. I shall select three cases: one female and two male patients, who were caught by the disease in their twenties; to analyze how the disease changed and/or not changed the later courses of their lives, and how their suffering from the disease affected their ways of thinking and acting.

Dr. Harada Masazumi, assistant professor of constitutional neuropsychiatry and expert on Minamata disease writes: "Minamata Disease is the first occurrence of widespread methyl-mercury poisoning caused by man-made environmental pollution that the world has (ever) experienced."(1) The calamity itself was hitherto unknown; medical science has not yet discovered the way to cure the disease. The patients, in order to overcome their predicaments, had to be creative in their ways of life.

In my analysis of the life histories of those patients, I shall use the types of creativity, as developed in my paper, "Forms of Creativity"

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(1985), in which three forms are distinguished: identificational, non-confrontational fusionist, and confontational-integrative.

2. Social Background

Minamata is a city of 36,740 in population as of December, 1971; it is located in Kumamoto prefecture, in the southern part of Kyûshû Island, on the coast of the Shiranui Sea. When the Chisso plant was first established in 1908, it was a town of about 12,000 whose livelihoods depended on farming, fishing, and sea transportation of goods, and also salt-making. This occupation was lost when the Government nationalized salt industry in 1905. During the feudal period, Minamata was a small castle town, the seat of the Lord of Fukami. Chisso replaced the Family of Fukami, and functioned as the modern "feudal lord of Minamata." In its heyday the Chisso Company employed 4,000 workers. Fishermen and farmers, some of whom worked part-time for Chisso, merchants, and small-scaled factories, sub-contracting for Chisso, directly or indirectly relied on Chisso for their income. Since its establishment, the company had been the major industry contributing to the town's revenue.

In 1932, Chisso's Minamata plant began manufacturing acetaldehyde, using mercury as the catalyst. In distillation, the acetaldehyde was separated from the water containing the methyl mercury compound, which was discharged through a pipeline into the Minamata Bay at Hyakken Harbor. The production of acetaldehyde increased after the World War II, naturally increased the discharge of the mercury effluent. This lethal discharge continued uninterruptedly until 1968. In addition, the production of vinyl chronide began in 1941; it used the same method, with acetylene and mercury catalyst.

This continued until 1971.

Now it is known that the cause of Minamata disease is mercury accumulated in the human body by eating polluted fish, which had fed on the plankton in the contaminated water. Each step in this food chain condensed the amount of toxic sbustance. In the early days when the disease was rampant, it was considered as contagious and the patients were confined to isolation wards in ordinary hospitals; some severe cases were transferred to insane asylums. At that time the illness was stigmatized as "a queer disease." It was not until 1968, fifteen years after the officially recognized outbreak of the disease, did the Japanese government announce that it was caused by the toxic effluent discharged by the Chisso plant.

In 1969, 112 patients of 29 families filed a lawsuit against the Corporation. They won their case in 1973, twenty years after the official outbreak of the disease. By then, there were 684 certified Minamata disease patients, and 115 deaths. Today, as of September 30, 1986, there are 16,989 applicants for certification, out of whom 1,832 have been certified and 1,431 have died. (The statistics cover Kumamoto, Kagoshima, and Niigata prefectures.)(2)

After the establishment of the Chisso factory in Minamata in 1908, fishermen and farmers of Amakusa Islands, Kagoshima, the neighboring prefecture, and other places migrated into small hamlets, which used to be outposts of the feudal castle. The hamlets have grown into villages on the periphery of the city, and have been incorporated into the Municipality of Minamata. Most of the new comers were poor and lived in shabby shacks; there were a few relatively wealthy owners of fishing boats, the earlier settlers, who hired fishermen to work for them. There are at least two sets of status distinction in Minamata: The first

being the one between the white collar employees of the Chisso Company, who live in the central residential part of the town called Jinnai where formerly the Lord and his samurai retainers had lived on one hand and those who live in the villages on the periphery on the other; the second being the distinction within the village between those who had settled before Chisso came to Minamata on one hand, and those who immigrated from other places after the arrival of Chisso on the other. The former are called "jigoro," the settled and holding the land of their own, while the latter are labeled as "nagare," the drifters. The most seriously affected by mercury poisoning were the inhabitants in the four villages located on the sea shore, Modô, Yudô, Tsukinoura and Detsuki, where both early settlers and newcomers were invariably victimized. Their staple diet was fish and shellfish, as that flourished in the sea as well as on the shore. The sea was their own front-yard garden, where both children and adults whenever they felt hungry, could find clams, oysters, topshells, shrimps and sea cucumbers. Looking back to those days before disease became rampant, they remembered the freshest and most delicious food in the world, and they could eat to their hearts' content. They were the first and the most serious victims of mercury pollution, because they were those who consumed more fish and shellfish than those who lived in the center of the city. It was the established attitude of the villagers to equate the Chisso company with their feudal lord. This made it extremely difficult for them to dare to sue the company. But when, finally the first group of patients took the step and won the trial, it was the first breakthrough.

All three patients whose life histories I am going to relate are the inhabitants of those villages. They were the most seriously affected at

the initial stage of the outbreak of the disease, both in the number of patients and in the degree of acuteness of the symptoms.(3)

3. Types of Creativity

According to Philip Vernon, a psychologist, there are a variety of definitions of creativity, which converge into the following two points: that creativity consists of "novel combinations or unusual associations of ideas" and that "such combinations must have social or theoretical value, or make an emotional impact on other people."(4) Silvano Arieti, a pscycho-analyst, specifies the elements that are to be combined in the creative process. He maintains that in the creative process are involved two sets of combinations: 1) that of the concept, clear and distinct, and endocept, vague and amorphic; 2) that of Aristotelian logic based on the principles of identity, contradiction and excluded middle, and paleologic, which disregards those principles, and tends to emphasize sameness rather than making distinctions.(5)

What Arieti calls "endocept" and "paleologic" are predominant characteristics of the primary process of thinking in terms of an individual's life cycle, as in childhood. They also refer to those of the primitive and archaic stages of societal history. In the latter sense, the combination of endocepts and Cartesian clear and distinct concepts, and that of paleologic and formal logic can be interpreted as the combination of pre-modern and modern patterns of thinking and doing things. In the case of late-comers like Japan, pre-modern patterns are mainly those endogenous to the society or exogenous patterns indigenized during the earlier stages of the nation's history, while many of the modern patterns are those introduced more recently from abroad, mostly from Western European countries. Thus, when we discuss

creativity in the Japanese context, we are at the same time discussing the processes of accepting and rejecting foreign patterns of thinking in relation to the native ones, as well as the processes of combining pre-modern and modern ways of thinking. I should like to distinguish three processes of combining the endocept and concept, and the paleologic and formal logic: 1) the preponderance of the endocept and paleologic as over against the concept and the formal logic, which I call identificational type; 2) the preponderance of the concept and the formal logic, which I call confrontational-integrative type; 3) the intermediate one between the above two processes, which I call non-confrontational fusionist type.

In the identificational type, one tries to feel for the ideas and things, old and ancient, to identify oneself with them. In this process, continuity rather than change is emphasized. The past tends to be idealized and one tries to bring forth that idealized past into the present. In the confrontational-integrative type, one emphasizes contrasts and makes clear distinctions between old and new, native and foreign ideas. Through confrontation and conflict, efforts are made to restructure one or both of the conflicting ideas so that there may emerge a new integrative perspective in thinking. The fusionist process maximizes efforts to avoid confrontation among different ideas, and by interfusing them together, make differing, and often conflictual ideas coexist within a system at the same time.

I have developed these three types of creativity in my previous papers, with illustrations from the works of three most creative scholars of folklore studies in modern Japan, Origuchi Shinobu (1887-1953), exemplifying the identificational type; Yanagita Kunio (1875-1962) representing the non-confrontational fusionist type; and Minakata

Kumagusu (1867-1941) epitomizing the confrontational-integrative type.(6) Each stands for a different concept of social change: Origuchi for social change as return to the idealized past; Yanagita for social change as healing or rehabilitation; and Minakata for social change as renovation.

These three types of creativity, as exemplified by the prominent scholars, will be used as guidelines for analysis of the life histories of both patients and non-patients in Minamata to understand the creative processes for overcoming their predicaments. For each personal history, I indicate a predominant type, but in actual analysis, I shall try to show that each person's life course is of a mixed type. How uniquely mixed, is the major point of analysis.

4. Kawamoto Teruo--Confrontational-Integrative Type

Kawamoto was born in 1931 in the village now called Detsuki, then a part of Tsukinoura. In 1923, his father, Katôta, immigrated from the Island of Amakusa, a typical "drifter from Amakusa." He worked for Chisso during the day and did fishing in his small boat to catch fish to sell as well as for the family to eat for supper. Teruo was the eighth child and the seventh son of Katôta's eleven children, out of whom four died out of malnutrition. Three of Teruo's elder brothers were adopted into other families. The war broke out in 1941, when he was in the fourth grade. He wished to enter the military preparatory school after finishing the primary school. But his mother admonished him by saying: "The army is not the appropriate place for a decent human being to be in. In this war, Japan will surely loose!"

He was a good student and his teacher recommended him to enter Kagoshima Prefectural Middle School in the City of Izumi, which he

could not afford. So he entered, instead, in 1944, the Occupational School of Agriculture & Industry in Minamata. In 1946, his father retired from Chisso and went back to fishing for livelihood. His younger sister left home to work as an indentured laborer on a farm in Fukuoka. In 1948, at the age of seventeen, Teruo lost his mother, thus being left alone with his father. Teruo had to quit school, to help his father. He writes in retrospect that the school appeared in his dream repeatedly for some months afterward. This left in him a permanent thirst for books and learning. In later years, he got himself involved in many lawsuits as a plaintiff as well as a defendent, and his habit of reading books helped him acquiring great amount of legal knowledge.

He began to take whatever transitory job that came into his way, a construction laborer, a tunnel driver, a miner, a day loborer. These jobs made him traverse various towns and cities both in and out of Kyûshû. In his poverty, he began to question why he and his fellow workers were so poor, which led him to read books on socialism. For sometime he got himself involved in socialist movements. Owing to his father's and his eldest brother's strong objection, he quit the movement.

In 1957, at the age of twenty-six, he got married with a friend of his sister, a co-worker on the farm in Fukuoka. It was his wife and children who in his later difficult years always sustained and encouraged him. It was just at this period that he felt his limbs paralized and his tongue stiffened--symptoms of Minamata disease. In 1961, when he was thirty, his father was attacked by the acute symptoms of Minamata disease. The doctors at the city hospital diagnosed him as softening of the brain and refuse to keep him in the

hospital. At that stage, Kawamoto had been studying at a nurse training school in Minamata to get a certificate for an assistant nurse. So he took his father to the mental hospital, where he had been interned, to take care of his father until he died a violent death. After his father died, Kawamoto made the best of his effort to try to prove that his father's death was caused by mercury pollution, by searching for the evidence such as the mercury content of his father's hair, which he finally succeeded in acquiring.

When I visited Kawamoto for the first time in 1976, in a small tatami-matted room I found a disproportionately large and magnificent Buddhist alter of the Pure Land Sect, where he kept his father's tablet. It is his father's final wishes, expressed during his last moments of life that motivated him to prove the cause of his father's death and to have him certified as a patient of Minamata disease. But he did not stop there. While working as a nurse in a hospital, he began to carry on almost stubborn endeavors to search out patients who had been hiding, concealing themselves because the disease was still stigmatized. He solicited them to apply for certification, since without that they were not entitled to any compensation or medical and other expenses.

In June 1969, 112 patients of 29 families filed a lawsuit against the Chisso Corporation. They were called "trial group." At that stage, Kawamoto were not qualified to join the lawsuit, since he himself was not yet certified as a patient. Three months later, he together with other patients applied for certification, which was subsequently rejected. Then he appealed to the Welfare Minister that the rejection made by the prefectures of Kumamoto and Kagoshima should be repealed and that their applications for certification should be re-examined.

Finally toward the end of 1971, sixteen patients, including Kawamoto were certified.

In 1972, Kawamoto organized "a self-reliant group" of newly certified patients to negotiate directly with the president of the Chisso Company to settle the amount of compensation. The patients' demand to meet the president was quickly rejected. Kawamoto and his group sat in front of the building in Tokyo where the company headquarters were located. During the period of sit-in, the patients tried to get into the building and there occurred some skirmishes between the company guards and patients. Kawamoto was sued in December, 1972 by the company for injuring some company employees. It took Kawamoto eight years to be cleared with the verdict "not guilty," made by the Supreme Court in December, 1980.

In March 1973, the trial group won their case: the verdict clearly stated "the liability of neglegence" of the company and that the company should pay the indemnity of 3.2 million dollars. The patients of the trial group were not satisfied, believing that litigation alone could not settle their acounts. They wished to meet directly the president to communicate with him their feelings of pain and sorrow. Thus the "self-reliant group" and "trial group" joined to demand direct negotiations with the president, to which the company finally gave in. The patients met for the first time face to face with the company head to establish the general rule to be applied to all the certified patients, present and future, regardless of their group affiliation, for indemnity, medical fees, monthly allowances, care-taking fees (for family members), and funeral fees.

Tanoue, the head of the trial group sent to Tokyo said: "It is not money that we want. Since we are living on the coast, we most

ardently long to have the sea and the mountain returned to us as they were before pollution. Money is a nuisance, a troublemaker in the family and in the village. After all, life as in those good old days is the best--poor as we all were, we had the sea and the mountains--from the Shiranui Sea our life cannot be cut asunder. The other world in which we used to live should be brought back to us here and now. Our hope, a very slight hope, is to bring the sea back to the old days, and an even slighter hope is to return to us our healthy bodies of bygone days."

Kawamoto finally asserted: "We must consider nature's pain and suffering also. To retrieve nature to its previous health, we do not know how many tens of years it would take. Moreover, there are our human sufferings. What we really wish to see is the responsible people of the company becoming sensitized to those pains and sufferings of trees, fish, sea, and mountains, as well as us humans."(8)

His strategy has been confrontational, by raising lawsuits one after another against the Chisso Company, the City and Prefectural Administrations, and finally considering filing a case against the state, to make clear the neglegence of their respective responsibilities, to rectify the situation. In 1983, after a long and difficult compaign, he got himself elected to the city assembly of Minamata. He was and is still the only city assembly man who is also a Minamata disease patient, who has been and still is stigmatized in the city. Through these series of confrontational activities, he aims to change the feudal-castle-town like structure of the city. In that sense, he is oriented toward renovation. It was the death of his father, suffering from acute Minamata disease that drove him into a committed renovator.

On the other hand, there is the layer of his world view which is

persistent from his childhood. He told me that his family religion was Pure Land Buddhism, which was symbolized by the magnificent alter. But more revealing about his personal religious belief or cosmology was what he had said at the negotiating talk with the Chisso Company head. There he talked about the pain and suffering of "trees, fish, sea, and mountains, as well as us humans." Not only human beings are equal, but all the objects in nature are equal with humans, since they are all endowed with spirit just as human beings are. This is the sense of equality based upon his experience during his childhood and youth of going for fishing with his father. He tried to let the company head see what he felt: symbiotic co-equality of nature and humans. And if and only if the company head understood this, then, Kawamoto could treat him as his equal. Kawamoto's renovation-oriented activities seem to be sustained by the deep seated motivation: "the other world in this world," or return to the idealized past.

5. Sugimoto Eiko--Non-Confrontational Fusionist Type

Sugimoto Eiko was born in 1938 in the village of Modô. Her stepfather was an owner of fishing boats and master fisherman himself. Since her childhood her stepfather trained her to swim with fish, to catch fish and to understand its feelings and activities. She became a full-fledged master fisherwoman while she was still young.

In 1959, Eiko got married with Takeshi, a relative of hers who had been working together with Eiko on her father's boat. Then Eiko's mother had been under attack of acute Minamata disease and hospitalized. The whole family have been ostracized by the villagers. In her early twenties, Eiko felt some symptoms of Minamata disease, and it was after the arrival of the third son, that her sickness was

aggravated. In 1969, Eiko and Takeshi joined the "trial group" of the patients to sue the company. During the trial, her father died of acute Minamata disease. Eiko repeated the process of coming in and out of the hospital. Finally the doctor told her that it was no use for her to come back to the hospital, since there was no cure for the disease. The doctor's advice led her to a determination to regain her health on her own. So she tried everything that she heard and thought to be good for her health. She used all kinds of Chinese herb medicine, and warmed up her body with a hot spring bath. Whenever she was attacked by an acute headache, Takeshi invented some two hundred ways of making head-bands with Japanese towels in an attempt to calm it. In 1974, Eiko and Takeshi opened a restaurant on the ground floor of their house, facing the sea. Takeshi did cooking, while Eiko delivered dishes to order. It was clumsy to carry catering boxes in her stiffened hands but she thought it was a good way for rehabilitation. One day while she was on her way for delivery, a neighbor, a man, came from behind and pushed her toward the bluff facing the sea. She barely made a stand against falling down. This incident reveals the discriminatory attitudes held by ordinary villagers against Minamata disease patients.

Eiko also tried to take Japanese dancing lessons as another way for rehabilitation. Since Takeshi had more freedom of movements of arms and legs, he went with Eiko to the teacher's house, observed the lessons, memorized, and taught Eiko how to dance after they came back home. After their long and strenuous combined efforts, Eiko finally won a diploma for dancing. She gave some dancing recitals, which attracted people to take dancing lessons from her, which made her busy and took her away from fishing.

She was split between dancing and fishing. In order to get away from this dilemma, she went all by herself to a hot spring place in Kagoshima prefecture. In the evening while asleep, she heard the voice of the spirit of the boat, "chi, chi, chi." On the following morning she hurried back home, but had an acute headache and crept into the bed. Then at night she again heard the spirit of the boat crying. On the following morning, the whole family, Eiko, Takeshi, and their three sons went for sardine fishing, which proved to be a great success.

She related this story to me, in August 1983. And commented as follows: "After all I have decided to go back to fishing and concentrate on fishing. I am convinced that this is my work, the meaning of my life. Whoever comes, whatever happens, I will let nothing prevent me from going to the sea. Unless I live my life true to my heart, I shall leave regrets behind, which will become burden to my children.

"Now that I return to the sea with the singleness of heart, the birds on the sea welcome me, and I can communicate with them as in the olden days." She also told me that the neighbor who pushed her toward the bluff ten years ago came to her house on the night before and bowed low in front of the Buddhist alter and left. Afterwards, Eiko found an offering of five hundred yen. She commented: "Ten years ago, I did not say a word, but just endured. If I had said anything against him, that would have been the end of our relationship. Endurance brought him back to sense. That is the meaning of a communal way of living."

She also said that she was grateful for those people who maltreated her. She had been spoiled by her stepfather so much that she grew

up to be self-centered and arrogant. But because she became a patient of Minamata disease, people treated her badly, which rectified her way of thinking. Finally she added: "The spirit of the boat enters my mind whenever I keep my mind empty. When I am self-conscious, it doesn't visit me."

Eiko and Takeshi own an orchard where summer oranges are grown with the help of the Osawa's, who came from Kyoto to live among the patients. It is a strong conviction of Eiko and Takeshi, that since they were victimized by chemical pollution, they should not pollute their products with chemical fertilizers and insectitudes. Osawa, in complete agreement with their idea, has organized in Minamata an association of orange producers for organic farming and against insectitudes. Thus Eiko and Takeshi, with the help of Osawa and his wife, are engaged in organic farming movement.

I should like to summarize the characteristic features of Eiko's life history.

1. The crying of the spirit of the boat is a foreboding of the coming of the big shoal of fish. In order to receive the presage, one has to empty oneself to accept it. This sounds very much like a shamanistic practice of going into trance to be possessed by a spirit.
2. In Eiko's life history, the central process is that of healing or rehabilitation. She tries many things to heal her disease, but for her, the most fundamental and potent healing process is communication with nature, as in fishing. Just as she heals her disease through re-establishing her communication with nature, she heals her relationship with her neighbors by patient waiting for communication to be re-established. Non-confrontation is her strategy of healing.
3. In the four villages seriously affected by Minamata disease,

disolution of the family is indicated, by the comparatively higher percentage of single households. In contrast, the Sugimoto family is a case in which Minamata disease strengthens family solidarity. Takeshi and their five sons become more and more solidary by sharing pain and suffering with Eiko, the most seriously affected by the disease among the family.

Eiko and Takeshi, by being solidary themselves, are able to serve as the curing house for broken families. For instance, a wife, a Minamata disease patient, had been abused by her husband and mother-in-law who were also the patients of Minamata disease. The wife escaped from home and stayed with Eiko and Takeshi for two and a half years. During that period, both Eiko and Takeshi just patiently listened to her complaints and talks that made no sense, until finally the wife regained her sense and decided on her own to go back home.

6. Hamamoto Tsugunori--Toward A Global Community

Hamamoto Tsugunori is one of the few patients whose activities go beyond the national boundary. We shall see how the impact of Minamata disease developed in him a global perspective.

Hamamoto's father moved from the Island of Amakusa to the village now called Detsuki. After having worked briefly for one of the Chisso's subcontract factories, he made his living by half-fishing and half-farming. Tsugunori was born in 1936 as the third son. Since his two elder sons, after graduating from occupational schools, took jobs other than fishing and farming, his father made Tsugunori as his successor in fishing and farming. Tsugunori got sick in 1955, at the age of 19. His father died out of acute Minamata disease in 1956, followed by the death of his mother on account of the same disease.

His elder sister was also seriously affected by the disease. Tsugunori, together with his elder sister, joined the trial group to sue the company, and fought out to win the case, while being in and out of the hospital. After having won the trial in 1973, he organized the Negotiation-in-Tokyo-group among the trial group to join Kawamoto's Self-reliant group to actively participate in a campaign for direct negotiation with the company president. After the long struggle for winning the trial and successful negotiation thereafter, the trial group and the self-reliant group merged to form the Alliance of Minamata Disease Patients, to whose chairmanship Hamamoto was nominated. The Alliance was a militant organization to protect the patients' human rights and as its chairman he had to work very hard. Hamamoto developed a serious liver trouble, a symptom of Minamata disease, and was hospitalized again.

In the hospital bed, he read many books, including The Poverty of Medical Thoughts by Dr. Hieta Kentaro, who was before the war a specialist on liver disease at Manchurian Medical University, and after the war he did research and treatment on hepatitis and hepatocirrhosis. It was Hieta's invention of an organic medicine called Leinek-Hieta injection that attracted Hamamoto, since it was said to cause no harmful effect as chemical medicine often did.(10) Hamamoto asked his doctor to read the book and convinced him to try the injection on him. He meticulously kept the record by himself of his liver-function test each time he had the injection. This is one of the examples of Hamamoto's self-reliance and ingenuity in his attempt to cure his disease, which are in common with Sugimoto Eiko and many other patients of Minamata disease whom I interviewed.

The "moratorium" provided by hospitalization had another important

effect on Hamamoto. In the hospital, he had time to think, to examine what caused his physical condition to deteriorate so much. It occurred to him that he had been working under pressure much more than his disabled body could bear. He decided to withdraw from the chairmanship of the Alliance in 1977. At the same time he resigned from the directorship of Minamata Disease Patients' Center, another organization he and Kawamoto and others had organized.

Hamamoto's resignation was not accepted for some time, but when it was finally accepted, the Alliance was dissolved and amalgamated with the Council of Minamata Disease Patients, whose chairman was Kawamoto, to form a new organization, the League of Minamata Disease Patients. Kawamoto became the chairman of the League, and Kawamoto also succeeded Hamamoto as the director of the Center.

This was the truning point of Hamamoto's life, at the age of forty-one. Although he withdrew from "movements," he said, "I am still a Minamata disease patient, nevertheless." This meant that he would continue to live and work as a Minamata disease patient, but in a different style from what he had been doing. What was this new style?

In 1972, after the conclusion of hearings, Hamamoto went abroad, for the first time of his life, on a wheel chair to Stockholm to make an appeal about the case of Minamata disease at the United Nations Human Environmental Conference. (Ever since, whenever he went abroad, he has been wheeled all the way.) Going out of the country was an eye opening experience for him. In September 1975, being informed by Dr. Harada and others that the symptoms similar to Minamata disease had been found among the Canadian Indians, the patients in Minamata helped raising money to invite some Indians to Minamata. A group of Indians did arrive in the summer of 1975 to visit Minamata, Kumamoto,

Niigata and Tokyo. Two months later, in September 1975, Hamamoto, Kawamoto and others went to Canada to visit the Indian Reserves in Ontario and Quebec. The mercury pollution in the river and lakes surrounding the reserves in Ontario was caused by Dryden Chemicals, a British multinational corporation.(11) Hamamoto writes about his impression of his visit to the Indian Reserves: "It is always the weak who have been leading an ordinary life that are victimized by the wealthy and clever people, who, by emitting smoke and poisonous water, pollute rivers and sea. This came deep into my heart."(12) This adumbrates the later course of his activities.

When Hamamoto visited Stockholm and Canada he represented one or another organization of Minamata disease patients, so the traveling expenses were paid by the organizations which he represented. But the situation changed in 1977 when he not only resigned from the chairmanship of the Alliance, but also withdrew from the membership of that organization. A few months after this happened, he decided to go to Poland, this time not at the expense of any organization, but on his own. He is no more an organization man. So he was free to take his wife for the first time with him going abroad. He had been invited to attend a conference on environmental problems, under the auspices of the Polish academy of Sciences. While he was in Poland, he was asked to visit France to talk to some citizens' groups about his experience of Minamata disease. On his way back he stayed three days in India, where he found "a very vast gap between the poor and the wealthy. It occurred to me: why could'nt we try to cut our money spent now on defense to put into aid, instead, to save those poor people dying for hunger. . . By seeing with my own eyes, these people in India, I came to realize what kind of a country Japan was. Had I stayed in

Japan, and only in Japan, I couldn't have come to understand it."

The fourth foreign trip he made was to Nairobi in 1982, to attend the Human Environmental Conference, both non-governmental and United Nations'. On his way back he stopped over in Taiwan, and realized that Japan's high and rapid economic growth had been achieved not only at the cost of environmental disruption internally in Japan but also at the expense of natural resources in other Asian countries.(13)

In 1984, Hamamoto went to Indonesia, since he read in books and newspapers and also saw on the TV that there were some victims quite similar to the patients of Minamata disease in that country, where the Japanese multinational corporations were operating. There he observed that the same situation, as happened in Minamata thirty years ago, was developing: the Japanese factories were emitting poisonous waste fluid without treatment to the sea. "Now Asia is on the road to develop. The developing stage is the most dangerous period of environmental disruption and disease caused by pollution. I know this from my own experience."(14)

All these experiences in foreign countries, expecially in Asia, Hamamoto decided to form the Association to Join Hands between Minamata and Asia, after he came back home in May, 1974. He made his own house the office of this association. In July he invited four Indonesian doctors and lawyers, dedicated to environmental problems in their country. Immediately after that, Hamamoto was hospitalized again to be operated on the rectum cancer, which did not prevent him from what he was determined to do.

In May 1986, under the auspices of the Association was held Peoples' Environmental Conference of Asia, to which were invited people from India, the Phillipines, Indonesia, Malaysia, and Canada. On the

basis of what he learned from the interchange with those people, Hamamoto writes: "Frankly speaking, Japan as a nation does not need to wish for the betterment of material life any more. We have already had enough in food, clothes, housing and medical care. Since we have them in abundance, paradoxically, we have got all kinds of strange disease. . . We should start learning from our way of life in the past when we used to handle things with better case so that they might last longer and not to be wasted. . .

"Now in various parts of the globe, there are various kinds of pollution. In order to pass nature in a good form to our posterity, we have to expand our network of communication, not through the United Nations or such formal organizations of states, but more vitally through human-to-human association. It should be built in the spirit of the poor helping the poor; the poor sharing with the poor."

Sharing pain and suffering, as I have already mentioned, was found to be at the basis of both Kawamoto's and Eiko's motivational structure. The same deep-seated motivation, cultivated through their suffering from Minamata disease, is now driving Hamamoto to expand the horizon of communication, association, and mutual cooperation beyond the national boundary, to those who suffer from the common cause, environmental disruption by large-scale organizations, including the Japanese.

In the case of Hamamoto, his style of creativity is non-confrontational and integrative. The concepts of social change he indicates encompasses all three types I have set up: social change as a return to the idealized past, as he mentioned that we should learn from our past way of life, simple but not wasteful; social change as cure and rehabilitation, as he is very much concerned with the recovery of

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nature as well as his body, which is an integral part of nature; and social change as renovation, in the sense that almost unknowingly he has achieved a breakthrough, acting contrary to the common notion of the Japanese that they are insular and ethnocentric, as expressed in the myth of "homogeneous race with homogeneous culture."

7. Concluding Remarks

Hamamoto, in August 1977, before he left for Poland, told me: "I feel since I have got Minamata disease, I have been predestined to go abroad to appeal that no other people than us should suffer from such obnoxious disease as this. I consider it to be my predestination to go, wherever I am asked, to try to prevent this disastrous thing to happen to people." He repeated the word "predestination" twice. He said his family religion was Pure Land sect of Buddhism, although he never talked about his personal religion. "Predestination," evokes a traditional attitude of resignation, paradoxically, Hamamoto is motivated by this traditional attitude to break through ethnocentrism. In the case of Kawamoto, it is out of his filial piety, based upon deep sorrow and anger over his father's violent death, that has been a driving force for his renovative activities. In the case of Sugimoto Eiko, it is the feeling of symbiosis between nature and humans that motivates her to work to transform the discriminatory relationships within the community and to heal broken family relationships among her neighbors.

The life histories of these three patients reveal: it is the primitive, archaic and indigenous world views that are driving them to work to rectify the negative consequences of rapid and reckless industrialization, which victimized them. What they have in common is the sense of sharing pain and suffering as the base for restructuring

relationships, between nature and humans, and among humans in a community, both local and global.

Notes

(1) In my paper I shall refer to all the Japanese person in the Japanese way; a family name first, followed by a given name. Harada, Masazumi, "Minamata Disease: A Medical Report," W. Eugene and Aileen M. Smith, Minamata, An Alskog-Sensorium Book, 1975, p. 180.

(2) Shukusatsu-ban Minamata (The Minamata, the weekly paper published by the association to protest against and report on Minamata Disease, in a reduced size), ed. by Minamata-byô o Kokuhatsu suru kai, Ashi-Shobô, December, 1986.

(3) Symptoms differ person to person, which posits problems for certification. But some saliant features of the 34 cases of acute and sub-acute Minamata disease as early as in 1959 were indicated by Dr. Tokuomi Haruhiko as follows:

Symptoms		%
Disturbance of sensation	superficial	100
	deep	100
Constriction of the visual field		100
Dysarthria		88.2
Disturbances of cordination		
adiadochokinesis		93.5
finger to finger and finger to nose (dysmetria)		80.6
ataxic gait		82.4
Romberg's sign		42.9
Impairment of hearing		85.3
Tremor		75.8
Tendon reflex	exaggerated	38.2
	weak	8.8
Pathological reflexes		11.8
Salivation		23.5
Mental disturbances		70.6

(Harada, op.cit., p. 181)

For a complete compilation of medical researches and findings of Minamata disease, see Arima, Sumio, ed. Minamata-byô: Nijûnen no Kenkyû to Konnichi no Kadai (Minamata Disease: Twenty Years' Research and Problems Today), 1979, Seirin-sha.

(4) P.E. Vernon, ed., Creativity, Penguine Books, 1970, p. 12.

(5) Silvano Arieti, Creativity: A Magic Synthesis, Basic Books, 1976, Chs. 4, 5, 6.

(6) Tsurumi, Kazuko, "Creativity of the Japanese - Yanagita Kunio and Minakata Kumagusu," Research Papers Series A-39, Institute of International Relations, Sophia University, 1980; "Forms of Creativity - Origuchi Shinobu, Yanagita Kunio, and Minakata Kumagusu" (MS) delivered at Wesleyan University, the Annual Mansfield Freeman Lecture, April 3, 1985; Princeton University, April 5, 1985; "Forms of Creativity in Japanese Technology" (MS) presented to the International Symposium: "Japan in 2000: From Imitation to Creativity" held under the auspices of Centro Nipponico Firentino, in Firenze, May 4, 1987.

(7) Kawamoto's personal history is based upon my interviews, supplemented by his own affidavit in his trials, published as Minamata-byô Jishu Kôshô Kawamoto Saiban Shiryô Shû (Collection of Kawamoto Trial Documents on Self-Reliant Negotiations on Minamata Disease), Kawamoto Saiban Shiryô Shû Henshû Iinkai, 1981, pp. 38-78.

(8) Quoted in Ishimure, Michiko, ed., Ten no Yama: Jitsuroku Minamata-byô Tôsô (Documentary Records of Minamata Disease Struggle), 1974, Ashi Shobô, pp. 231-234.

(9) Tsurumi, "Tahatsuburaku no Kôzô Henka to Ningen Gunzô" (Structural Changes of the Villages Seriously Affected by Minamata Disease and the Group Portraits of their Inhabitants), Irokawa, Daikichi, ed., Minamata no Keiji (Revelations of Minamata), Vol. I, Chikuma Shobô, 1983, pp. 180-181.

(10) Hieta, Kentarô, Igaku Shisô no Hinkon: Ichi Byôrigaku-sha no Kutô (Poverty of Medical Thoughts: The Struggle of a Pathologist), Shakai Shisô Sha, 1971.

(11) As for the mercury pollution in Ontario and its effects on the Indians, see Troyer, Warner, No Safe Place, Clarke, Irwin & Company Limited, Toronto/Vancouver, 1977.

(12) Hamamoto, Tsugunori, "Ningen to Ningen no Kokusai Kôryû o" (Toward people to people international communication), Shisô no Kagaku (The Science of Thought), No. 78, June, 1986, pp. 100-102.

(13) Ibid., p. 104.

(14) Ibid., p. 104.

(15) Ibid., pp. 105-107.